

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155458		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/20/2011	
NAME OF PROVIDER OR SUPPLIER HIGHLAND NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9630 FIFTH ST HIGHLAND, IN46322			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/20/11</p> <p>Facility Number: 000367 Provider Number: 155458 AIM Number: 100289280</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Highland Nursing and Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (222)</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0046 SS=F	<p>construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 38 and had a census of 32 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/23/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on observation, record review and interview; the facility failed to provide complete test documentation of 30 second periodic testing at 30 day intervals and annual testing for 1 1/2 hours for 1 of 1 battery powered emergency lighting fixtures. LSC 7.9.3 requires a functional test shall be conducted on every required battery powered</p>			K0046	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required.</p> <p>K 046 Emergency Lightning (a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice: Facility has inspected the battery back up lightning on the generator</p>		07/20/2011

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	<p>emergency lighting system at 30 day intervals for not less than 30 seconds and an annual test shall be conducted for not less than 1 1/2 hours. Written records of visual inspections and tests shall be kept. NFPA 110, 5-3-1 requires battery powered lighting at the emergency generator. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the Weekly Generator System Service & Testing records which included a check of the exterior emergency light fixture for the generator with the maintenance director on 06/20/11 at 1:25 p.m., the record was blank for emergency light testing since March 2011 when the last annual and monthly emergency light test was documented. The maintenance director said at the time of review, the he had forgotten to record the test although he did it routinely.</p> <p>3.1-19(b)</p>				<p>and found it is performing properly and the facility Maintenance Director shall inspect the light and document monthly and annually according to code.</p> <p>(b) How you will identify other residents having potential to be affected by the same practice and what corrective action will be taken: Any resident has the potential to be affected but none were identified.</p> <p>(c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The inspection of the emergency lights will be a 30 sec test monthly and a 90 min annually. All emergency lighting will be checked on the monthly Performance Maintenance Program, (PM). The maintenance director will ensure the PM on the emergency lights is performed</p> <p>(d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: The monitoring of this will be a joint effort between the NHA/ Plant Ops Manager will check all documentation of emergency backup lights for the generator to make sure facility is in compliance and discuss these findings at the monthly Risk management/QA meeting to</p>		

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K0144 SS=C	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on interview and record review, the facility failed to provide complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2 requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS(Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly</p>			K0144	<p>determine that compliance has been maintained and oversight by Regional Director of Plant Ops when he performs his Quarterly systems reviews is recommended.</p> <p>(e) Date of compliance: 7/20/11</p> <p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required. K 144 Generators load percentage:(a) What corrective action(s) will be accomplished for those residents found to have been affected by the practice:The generator vendor has been contacted to come out and instruct the Maintenance Director on how to correctly calculate the % of load and to leave a copy of the calculation formula with the maintenance director so that he can produce this on request.The current Generator log form has been reviewed in detail with the maintenance director by the Regional Director of Plant Ops as to how the form should be correctly completed/filled out with a focus on the load % testing.</p> <p>(b) How you will identify other residents having potential to</p>		07/20/2011

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	<p>maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the Weekly Generator System Service & Testing records provided by the maintenance director on 06/20/11 at 1:25 p.m., the records included monthly load testing of the emergency generator. The record left blank the run time and percent load for the testing. The maintenance director said at the time of record review, the load carried during the load test was no more than "about 18 percent", less than the 30 percent minimum load required. He said no load bank testing had been done.</p> <p>3.1-19(b)</p>			<p>be affected by the same practice and what corrective action will be taken: Any resident residing in the facility has the potential to be affected but none were identified. (c) What measures will be put into place or what systematic changes you will make to ensure that the practice does not recur: The maintenance director will use the generator form to complete documentation of load test % monthly as he has been educated. The NHA administrator will review his monthly findings along with the Regional Director of Plant Ops who will review during his quarterly visits. (d) How the corrective action(s) will be monitored to ensure the practice will not recur, i.e., what quality assurance program will be put into place: Monthly generator load test % documentation will be reviewed by the NHA and the Regional Director of Plant Ops for the next 3 months and quarterly thereafter by the regional Director of Plant Ops – to assure that the form has been completed and calculated correctly. All reports will be submitted to the regional office for review. Any issues identified will be reported at the next Risk Management/QA meeting to determine compliance. (e) Date of compliance: 7/20/11IDR request: We respectfully disagree with the</p>			

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					statement of deficiency: Per NFPA 110 8.4.9.5.1 2005 edition: <i>"For diesel-powered EPS, loading shall be not less than 30 percent of the nameplate kW rating of the EPS. A supplemental load bank shall be permitted to be used to meet or exceed the 30 percent requirement."</i> Our facility utilizes a natural gas-powered EPS and consequently is not subject to loading indicated above.		